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TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

9

Application Number

10/660,189

Filing Date

September 10, 2003

First Named Inventor

Paul Pfaff

Art Unit

2829

Examiner Name

Trung Q. Nguyen

Attorney Docket Number

KLR3883.0005

ENCLOSURES (Check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
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<input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	The Commissioner is hereby authorized to charge any additional fee, or credit any overpayment, to Deposit Account No. 03-1550. A duplicate copy of this sheet is enclosed.	

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Chernoff Vilhauer McClung & Stenzel, LLP		
Signature			
Printed name	Kevin L. Russell		
Date	December 14, 2004	Reg. No.	38,292

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DEC 17 2004



FEE TRANSMITTAL For FY 2004

Effective 10/01/2003. Patent fees are subject to annual revision.

Complete if Known

<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Application Number	10/660,189
		Filing Date	September 10, 2003
		First Named Inventor	Paul Pfaff
		Examiner Name	Trung Q. Nguyen
		Art Unit	2829
TOTAL AMOUNT OF PAYMENT	\$450	Attorney Docket Number	KLR3883.0005

METHOD OF PAYMENT (check all that apply) <input checked="" type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None <input checked="" type="checkbox"/> Deposit Account: Deposit Account Number: 03-1550 Deposit Account Name: Chernoff Vilhauer McClung & Stenzel The Director is authorized to: (check all that apply) <input type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments <input checked="" type="checkbox"/> Charge any additional fee(s) or any underpayment of fee(s) <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.				FEE CALCULATION (Continued)																																																																																																																																																																																																																																																					
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**or number previously paid, if greater; For Reissues, see above.

SUBMITTED BY		(Complete if applicable)	
Name (Print/Type)	Kevin L. Russell	Registration No. (Attorney/Agent)	38,292
Signature		Telephone	(503) 227-5631
Date	December 14, 2004		

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